

myPad Research Questionnaire

Volunteer Reference No: _____

The original myPad project is now coming to an end and we are very grateful for your participation. As discussed at the start, we are now keen to collect data on your use of the device and the myPad system itself. It is important that you are honest and as full as possible in any comments you make, as the collective views of the trial group will determine the future of this project. Your responses will inform follow-up interviews to explore some of the details of this project. However, as has been indicated all along, the data you provide will remain **confidential** to the LIVE team, with quantitative data being averaged and individual comments **anonymised** for the purposes of any reports or publications. We apologise for the length of this questionnaire (it should take 10-15 minutes to complete) but hope you recognise the importance of this data.

Please circle your response where appropriate like this (1) or tick boxes like this .

1. Which BVetMed year are you in? 4th Year 5th Year (Please tick one)
2. Which Orange PDA device you have been using? M3100 (slide) M5000 (clam shell) (Please tick one)

The next three questions relate to the **Orange device** itself and **how well it connects to the network**.

3. Please rate how difficult or easy each of the following was with your Orange device (please circle)
- | | Difficult | | | | Easy |
|---|-----------|---|---|--|------|
| Carrying the device around with you | 1 | 2 | 3 | | 4 |
| Reading the screen when <i>inside</i> (size, clarity, reflection etc) | 1 | 2 | 3 | | 4 |
| Reading the screen when <i>outside</i> (brightness, contrast, reflection etc) | 1 | 2 | 3 | | 4 |
| Navigating menus and programs using the stylus | 1 | 2 | 3 | | 4 |
| Entering data using the keyboard | 1 | 2 | 3 | | 4 |
| Entering data using the stylus (leave blank if not done) | 1 | 2 | 3 | | 4 |

Please give any other comments on **ease of use** here:

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4. In your experience, how well did the device connect to the internet/network?
- | | Rarely | | | | Always |
|------------------------|--------|---|---|--|--------|
| When at College | 1 | 2 | 3 | | 4 |
| When away from College | 1 | 2 | 3 | | 4 |
5. When connected, how good was the connection?
- | | Very poor | | | | Very good |
|---|-----------|---|---|--|-----------|
| At college: <i>reliability</i> of connection | 1 | 2 | 3 | | 4 |
| At college: <i>speed</i> of connection | 1 | 2 | 3 | | 4 |
| Away from college: <i>reliability</i> of connection | 1 | 2 | 3 | | 4 |
| Away from college: <i>speed</i> of connection | 1 | 2 | 3 | | 4 |

Please give any other comments on **network connections** here:

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This section is to identify all the **different uses** you put the Orange device to and how important each was to you.

6. Please estimate your average weekly use of the Orange device for **study related activity** hours

	How important is each of these study related activities to you?		Importance			
	Did not use	Not very				Very
Email access	<input type="checkbox"/>	1	2	3	4	
SMS text messaging	<input type="checkbox"/>	1	2	3	4	
Web access	<input type="checkbox"/>	1	2	3	4	
Structured clinical recording using myPad	<input type="checkbox"/>	1	2	3	4	
Blackboard Learning Environment	<input type="checkbox"/>	1	2	3	4	
Notebook (word or notes)	<input type="checkbox"/>	1	2	3	4	
Camera for photos / video	<input type="checkbox"/>	1	2	3	4	
Diary or tasks	<input type="checkbox"/>	1	2	3	4	
Contacts	<input type="checkbox"/>	1	2	3	4	
Calculator	<input type="checkbox"/>	1	2	3	4	
Alarm	<input type="checkbox"/>	1	2	3	4	

Please give details of any other use of the Orange device for **study related** activity:

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7. Please estimate your average weekly use of the Orange device for **personal activity** hours

	How important is each of these personal activities to you??		Importance			
	Did not use	Not very				Very
Email access	<input type="checkbox"/>	1	2	3	4	
SMS text messaging	<input type="checkbox"/>	1	2	3	4	
Web access	<input type="checkbox"/>	1	2	3	4	
Recording of personal activities using myPad	<input type="checkbox"/>	1	2	3	4	
Blackboard Learning Environment	<input type="checkbox"/>	1	2	3	4	
Notebook (word or notes)	<input type="checkbox"/>	1	2	3	4	
Camera for photos / video	<input type="checkbox"/>	1	2	3	4	
Diary or tasks	<input type="checkbox"/>	1	2	3	4	
Contacts	<input type="checkbox"/>	1	2	3	4	
Calculator	<input type="checkbox"/>	1	2	3	4	
Alarm	<input type="checkbox"/>	1	2	3	4	

Please give details of any other use of the Orange device for **personal** activity:

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8. The following set of questions relates to **what you recorded** in myPad. Did you:

- Record details of cases you saw on IMR or EMS? Yes / No
- Attach images? Yes / No
- Attach references? Yes / No
- Attach Word documents which you created? Yes / No

If you included reflective comments on your cases, did you:

- Reflect on what you had learnt? Yes / No
- Reflect on your feelings? Yes / No

9. What is the balance of your **use of myPad** on the Orange device (PDA) versus a PC or laptop (or not applicable)?
- | | | | |
|-------------------------------------|-------------|------------|-----|
| Use for data entry | % PDA | % PC | N/A |
| Use for editing cases | % PDA | % PC | N/A |
| Adding further thoughts/ reflection | % PDA | % PC | N/A |
| Use for adding images | % PDA | % PC | N/A |
| Use for adding references | % PDA | % PC | N/A |

The next two questions relate to your **approach to recording clinical information** before and during the myPad project.

10. How did you record your IMR/EMS experience **before** the myPad project? (please tick all that apply)

- Not recorded
- Recorded **at the time** using paper/notepad Recorded **at the time** electronically
- Recorded **later** using paper/notepad Recorded **later** electronically
- Other (please specify)

		Not very		Very
How often did you refer back to your records from IMR/EMS experiences?	1	2	3	4
How effective do you think this approach was for learning from IMR/EMS?	1	2	3	4

11. How did you record your IMR/EMS experience **during** the myPad project? (please tick all that apply)

- Not recorded
- Recorded **at the time** using paper/notepad Recorded **at the time** electronically
- Recorded **later** using paper/notepad Recorded **later** electronically
- Other (please specify)

		Not very		Very
How often did you refer back to your records from IMR/EMS experiences?	1	2	3	4
How effective do you think this approach was for learning from IMR/EMS?	1	2	3	4

The following three sets of statements relate to any effect being involved in the myPad project may have had on your **learning**. Please circle the answer that most closely matches your agreement or disagreement with each statement.

SD=Strongly disagree D=Disagree
N=Not sure A=Agree SA=Strongly agree

12. Having the Orange device and access to myPad **encouraged me** to:

record my IMR/EMS experience at the time	SD	D	N	A	SA
record my IMR/EMS experience after the event	SD	D	N	A	SA
make notes I would not otherwise have taken	SD	D	N	A	SA
enhance the structure of my clinical notes	SD	D	N	A	SA
think more about the cases which I had recorded	SD	D	N	A	SA
plan my next learning activities	SD	D	N	A	SA
look up references related to my cases	SD	D	N	A	SA
actively link theory with my IMR/EMS experiences	SD	D	N	A	SA
discuss cases more with other students	SD	D	N	A	SA
discuss cases more with clinicians	SD	D	N	A	SA
discuss cases more with other staff	SD	D	N	A	SA

13. The *structured tasks* encouraged me to:
- | | | | | | |
|---|----|---|---|---|----|
| be more selective about what I choose to record | SD | D | N | A | SA |
| record in ways that help me revise for assessments | SD | D | N | A | SA |
| understand the purpose of what I was recording | SD | D | N | A | SA |
| recognise how I could keep records to improve retrieval | SD | D | N | A | SA |
| understand how I could keep records to improve learning | SD | D | N | A | SA |
| be more conscious of how I learn | SD | D | N | A | SA |

14. Being involved in the *myPad project* encouraged me to:
- | | | | | | |
|--|----|---|---|---|----|
| be more conscious of how I learn | SD | D | N | A | SA |
| link specific cases to my overall understanding of clinical issues | SD | D | N | A | SA |
| recognise gaps in my skills or understanding | SD | D | N | A | SA |
| develop myself towards becoming a better vet | SD | D | N | A | SA |
| improve my understanding of reflection in general | SD | D | N | A | SA |
| explore reflecting on clinical activity | SD | D | N | A | SA |

Please make any comments on the effect myPad has had on your **learning** here:

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15. The following set of questions relates to your ability to **use the Orange device in the workplace**. Did you recognise (please tick all appropriate words):

Supervisor (vet or nurse)	Resentment <input type="checkbox"/>	Interest <input type="checkbox"/>	Support <input type="checkbox"/>	Enthusiasm <input type="checkbox"/>
Client	Resentment <input type="checkbox"/>	Interest <input type="checkbox"/>	Support <input type="checkbox"/>	Enthusiasm <input type="checkbox"/>

16. In relation to the workplace, please indicate your view on these statements:

SD=Strongly disagree D=Disagree
N=Not sure A=Agree SA=Strongly agree

use of the Orange device seemed appropriate	SD	D	N	A	SA
use of the Orange device saved time	SD	D	N	A	SA

Please add any comments on factors influencing your **use in the workplace** here:

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What are your thoughts on using a device such as this in the workplace when you qualify?

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The following questions are designed to see how your **situation may have changed** since the start of the myPad project. You may remember answering similar questions as part of the introductory session.

17. Your current mobile devices: (please circle)
- I own a mobile phone Yes / No
 - I send approximatelySMS messages a month
 - I talk for approximatelyminutes a month
 - I own an iPod / mp3 player Yes / No
 - I own a PDA / mobile computer of my own Yes / No (if 'Yes' please indicate the model

Please assess yourself on the following scales by circling a number from 1 – 10 and indicate how your rating has moved since the beginning of the project – this is just to give an indication of whether you feel your rating is higher or lower than it was before. (Indicate any movement like this 1 2 3 4 5 6 7 8 9 10) P.S. This is **not** a test of what you put at the beginning! We would like to get an indication of how you feel your rating has changed over the project.

18. Your Confidence ...
- | | | | | | | | | | | | | |
|-----------------------|---|----------|---|---|---|---|---|---|---|---|----|-----------|
| | | Very low | | | | | | | | | | Very high |
| <input type="radio"/> | in using technology generally | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | |
| <input type="radio"/> | of using the Orange device now | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | |
| <input type="radio"/> | that the Orange device can improve the effectiveness of your learning | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | |
19. Your level of ...
- | | | | | | | | | | | | |
|-----------------------|---|---|---|---|---|---|---|---|---|---|----|
| <input type="radio"/> | excitement about participating in the myPad project | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| <input type="radio"/> | anxiety about participating in the myPad project | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
20. Your current ...
- | | | | | | | | | | | | |
|-----------------------|---|---|---|---|---|---|---|---|---|---|----|
| <input type="radio"/> | understanding of reflective learning | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| <input type="radio"/> | use of reflection in your approach to study | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
21. Your likelihood of ...
- | | | | | | | | | | | | |
|-----------------------|---|---|---|---|---|---|---|---|---|---|----|
| <input type="radio"/> | recommending myPad to a friend | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| <input type="radio"/> | being an active participant in any future myPad trial | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

The following statements relate to any **support** you requested / received since the beginning of the project. Please circle the answer that most closely matches your agreement or disagreement with each statement.

SD=Strongly disagree D=Disagree
N=Not sure A=Agree SA=Strongly agree

22. The "Introduction to myPad" induction in October/November 2006 was:
- | | | | | | |
|--|----|---|---|---|----|
| sufficient to get me started with using the device | SD | D | N | A | SA |
| relevant to my use of the Orange device | SD | D | N | A | SA |
| supportive of my needs and concerns | SD | D | N | A | SA |
23. The "myResponse" system is: (please tick box if you did **not** use the myResponse system)
- | | | | | | |
|---|----|---|---|---|----|
| useful for sending comments to the myPad team | SD | D | N | A | SA |
| useful for obtaining support | SD | D | N | A | SA |

24. Feedback I received on the structured tasks (please tick box if you did **not** do structured tasks)
- | | | | | | |
|--|----|---|---|---|----|
| was useful for improving my IMR/EMS recording | SD | D | N | A | SA |
| helped me to structure my entries more effectively | SD | D | N | A | SA |
25. The podcast of Linda's and Kim's conversation on reflection (please tick box if you did **not** listen to podcast)
- | | | | | | |
|---|----|---|---|---|----|
| helped me to understand the purpose of reflection | SD | D | N | A | SA |
| encouraged me to be more reflective in my EMS/IMR recording | SD | D | N | A | SA |
26. The updates to myPad have:
- | | | | | | |
|--|----|---|---|---|----|
| improved myPad with each release | SD | D | N | A | SA |
| been based on input we provided to the project | SD | D | N | A | SA |
27. The ongoing support provided by the myPad team:
- | | | | | | |
|---|----|---|---|---|----|
| provided useful input if I had any difficulties | SD | D | N | A | SA |
| supported the development of my learning | SD | D | N | A | SA |

Please add any comments about **support** here, especially if you have suggestions for how anything could have been improved:

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Please add any suggestions about how the myPad system could be improved by **future developments**:

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Please add any comments about the overall **branding** of myPad, including any thoughts you may have on the name "myPad"

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Please indicate why you think myPad was created:

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Please add any other comments about **your thoughts/feelings on this trial and** the myPad project here:

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Thank you very much for completing this form.